MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	o. COUNTY				2. USUAL RESIDENCE	Where deceased			efore admission)
	Calve	ert		MARYLAND	o. STATE Mary	land	b. COUI	Cal	vert
	b. CITY OR TOWN (If outside corporate limit	s, (LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate l	imits, write RUI	RAL ond give nec	rest town)
		give negres flown)		1 day	Rural-Hu	ntingto	nwo		041
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospital, give	street oddress)	d. STREET ADDRESS				e. IS RESIDENO ON A FARM
9	Calvert	t County	Hospita	.1					YES NO
3.	NAME OF DECEASED		rst	Middle	Lost	4. DATE	Mont	th [oy Year
	(Type or print)		rdon	Matthew		DEATH		.0	2 19 6
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			GE (In years ost birthdoy)	Months Doy	
	male	negro	WIDOWED	DIVORCED	10-1-67		yrs.	1	
	 USUAL OCCUPATION ring most of working 	(Give kind of work done	10b. KIND INDUS	OF BUSINESS OR	11. BIRTHPLACE (Count	& State, or foreign	r country)	12. CITIZEN COUNTR	
	1	none	(11003		Calvert	County.	Md.	US	A
13.	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
-	Clay	ide Brook	s. Jr.		Celest	e Virgi	nia J	ones	101
12	 WAS DECEASED EVE es, no, or unknown) 	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	f service) 16. SOC	IAL SECURITY NO.	7. INFORMANT		Addre	525	
	no			one	Celeste Br	ooks	Hunti	ngtown	. Md.
	18. CAUSE OF DI	EATH (Enter only one course the WAS CAUSED BY:	se per line for (o)		9				INTERVAL BETWE
	TAKI J. DEA	IT WAS CAUSED DT:							
1	nnil	IMMEDIATE CAUSE	(0)	But m	o El Duise	Pelle			UNSET AND DEAT
	776 x	DUE		Bus on	of Duris	Pres			UNSET AND DEAT
	776 X Conditions, if ony,	, which gove)	TO (b)	of h	of succe	Z .			ONSET AND DEAT
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	rise to immediat stating the unde last.	which gove e couse (o), lying couse	(c)	u p	10 mil 300	3.			
NOI	rise to immediat stating the unde last.	which gove e couse (o), lying couse	(c)	u p	TO THE TERMINAL DISEASE CO	3.	N PART I(o)		ONSET AND DEAT
ICATION	rise to immediat stating the unde last. PART II. OTHER SI	which gove e couse (o), lying couse GNIFICANT CONDITIONS C	TO (b) TO (c) ONTRIBUTING TO C	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	Z .			19. WAS AUTOPS PERFORMED?
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AL CERTIFICATION	rise to immediat stating the under last. PART II. OTHER SI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	which gove e couse (o), rlying couse on the couse of the	TO (b) TO (c) ONTRIBUTING TO D	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NOTION GIVEN IN	of item 1B.)		19. WAS AUTOPS: PERFORMED? YES NO
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MEDICAL	rise to immediat stating the under last. PART II. OTHER SI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT	which gove e couse (o), lying couse (o), lying couse GNIFICANT CONDITIONS CON	20b. DESCR 20d. INJUI While of work C pital) attended Oct. 2.	DEATH BUT NOT RELATED IBE HOW INJURY OCCURRED OCCURRED	TO THE TERMINAL DISEASE CORED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., etc.) Oct. 1 that death accurred a ATTENDING PHYS 22d. ADDRESS Prince	Port I or Port II m. 20f. (C 19_67, to_ 12:00 fr MED. DIRECTOR	of item 1B.) Oct. Tom causes STAFF PHYS.	(County) 2 19 67 and an the d 22b. DATE S 10-2- MARY	19. WAS AUTOPS PERFORMED? YES NO (Sta that (I) (we ate stated a GNED -67
WEDICAL 230	rise to immediat stating the under last. PART II. OTHER SI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJ. Hour or pr. 21. I certif saw the de 22a. SIGNATURE	which gove e couse (a), lying couse (b). DUE GNIFICANT CONDITIONS CO GUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) IRY Month, Day, Year no. 19 Ty that (I) (this has beceased alive an accessed alive an acces	20b. DESCR 20d. INJUI While of work C pital) attended Oct. 2.	DEATH BUT NOT RELATED REP OCCURRED Not While at work 1967, and the deceased from	TO THE TERMINAL DISEASE CORED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., etc.) Oct. 1 that death accurred a M.D. ATTENDING PHYS. 22d. ADDRESS Princ. OR CREMATORY	Port I or Port II m. 20f. (C 19_67, to_ 12:00 fr MED. DIRECTOR	of item 1B.) Oct. com causes STAFF PHYS.	(County) 2 19 67 and an the d 22b. DATE S 10-2- MARY	19. WAS AUTOPS PERFORMED? YES NO (Sta that (I) (we ate stated a GNED -67

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13671 13675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE DE DEATH 2. USUAL RESIDENCE (When deceased lived, if institution; Residence before admission) o. CDUNTY o. STATE b. CDUNTY MARYLAND delay c. CITY OR TOWN (IL Aside Corporate light MY OR WWN (If outside corporate limits) c. LENGTH DF STAY IN 16 RUKAL and give nearest town gud and give neares P.M.3. ofter d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? hours 2479 Rochelle Ave. YES NO JERFER YIST 3. NAME DE 4. DATE Middle Month DECEASED OF DEATH Give within (Type or print) S. SEX 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost titrihday) Months Dovs Hours WIDDWED DIVDRCED event be executed within 24 hours O and 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? poges I Oceangrephic Clerk
13. FATHER'S NAME the Chief Medical Exominer's U.S.Government MOTHER'S MAIDEN NAME Joseph Byland Viola Ma Smith File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. removol. (Yes, np. or unknown) (If yes give war or dates of service) Yas. 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY: DNSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should writing the ward cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TD stating the underlying couse O forworded burial, lost. PART JE. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELADED TO THE DEMANDAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTDPSY PERFORMED? certificate, 0 200. EXTERNAL CAUSE WAS ogent, prior INJURY-OCCURRSO (Enter noture of injury in Port II or Port II of item 18.) 200 DESCRIBE HOW 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should AL EXAMINER: NME DF INJURY Month, Doy, Year (County) may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I taak charge at the remains described above, held an Autapsy Inspection X Inquiry T and in my apinian funeral directar. death resulted fram: Natural causes Accident Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER NAME (Type) Hugh W. Ward, M. Address (Street, city, town, or county) the 23o. BURIAL CREMATION. 23b DATE THEREOF NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town)

VR A15ME (5)

24. FUNERAL DIRECTOR
Ritchie Bros. Upper Marlboro. Md.

ADDRESS 250. RECD BY REGISTRAR 256. PS

Baltimore Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DIVISION OF VITAL RECORDS. Item #2 Film #G3

13676

PLACE OF DE O. COUNTY	Calvert				USUAL RESIDENCE o. STAMaryl		ceased lived, if instituti b. COUN	TV	e before ac	
L CITY OF TO		100	MARYLAN							
	DWN (If outside corporate limits, AL and give nearest town)		GTH OF STAY IN 11	С.			parate limits, write RUR	AL and give	negrest to	wn)
Prin	ce Frederick		0 days			e Fi	rederick		10	4-1
d. NAME OF F	HOSPITAL OR INSTITUTION (If not in he	spital, give stre	et oddress)	d.	STREET ADDRESS				e. IS	RESIDENCE N A FARM?
	ert County Hos	spital				_			YES	X NO
3. NAME OF DECEASED (Type or print	first Carri)	Middle Irene]	lost Eagons	4. DA	TE Montl		Day 15	Year 19 6 7
S. SEX	6. COLOR OR RACE 7. M	ARRIED . I	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	#F UNDER I		UNDER 24 HRS.
Femal	e Negro WI	DOWED [DIVORCED] 12	2-6-08		last birthday)	monns	Days n	idurs min.
10a. USUAL OCCUP during mast of wo	PATION (Give kind of work done orking life, even if retired)	10b. KIND OF B INDUSTRY	BUSINESS OR	1	BIRTHPLACE (Count		or foreign country)		ZEN OF WE	HAT
13. FATHER'S NA				14	MOTHER'S MAIDEN					
Ennes	t Offer				Victor	ia l	Freeland			
15. WAS DECEAS	ED EVER IN U.S. ARMED FORCES?	16. SOCIAL S		17. INFO	RMANT		Addre	SS		
(Yes, no, or unkni	awn) (If yes give war ar dates of servi	220.3	4-4933	Hosp	ital Me	dic	al Record	1		
18. CAUSE	OF DEATH (Enter only one cause per	line for-(a) (b).	and (c).)	,	1 .					AL BETWEEN AND DEATH
PAKI	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(10)	more	0	chisi	2	-		ONSET	AND DEATH
1100	DUE TO	11/10	2.45	20						
	if any, which gave (b)	10.00	act of	Sec	anc i					
	underlying cause DUE TO	b	abobe	2	nelle	lu	7			
PART II. OTH	HER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEAT	BUT NOT RELATED	O TO THE	ERMINAL DISEASE CO	ONDITION	GIVEN IN PART 1(a)		19. WA PER YES [S AUTOPSY REORMED?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUI	RRED. (Ente	r nature of injury in	n Part I ar	Part II af item 18.)			
	OF INJURY Month, Day, Year our a.m. p.m. 19		CCURRED 20- lot While at wark	e. PLACE O factory,	INJURY (Home, far traet, affice bldg., etc	rm, 20 c.)	Of. (City or town)	(Cour	nty)	(State)
	certify that (I) (this hospital) he deceased alive on	attended th	e deceased fra	mthat de	ath accurred a	19	M, from causes of	nd an th		(I) (we) las
220. SIGNA	TURE / n/	irens	5	M.D.	ATTENDING PHYS.	MED. DIRECTO	STAFF		TE SIGNED	109
22c. PHYSII NAME	CIANS (Type) Rde VI	TIARR	EACH	15	22d. ADDRESS	+ Le	mosel		7 7	
23a. BUNAL, CRE REMOVAL (S	inerify)	-	NAME OF CEMETER	Y OR CREM	IATORY	23d	LOCATION (City or Tox	vn) ((County)	(State)
	10-19-4	7 16	trrolle	h. C	EM.	1	ar stow		cela	MO
24. FUNERAL DI	RECTOR	_	ADDRESS	4	-	D BY REG		GISTRAR'S SI		
1.8	Sewell tre	uce I	red m	ol.	DARC	111	1967 80	tionle	y Jus	42

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the straight director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dear TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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7-040610

CERTIFICATE OF DEATH

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former dear		PLACE OF DEATH				2.	USUAL RESIDENCE	(Where deceos			e before o	dmission	j
E Eland		C. COUNTY	vert		MARYLAN	ND I	o. STATE Mary	and	b. COU	altin	1020	04	- 35
offe fine from softe			If outside corporate limit	s, (c.	LENGTH OF STAY IN 1		CITY OR TOWN (If	utside corporo	te limits, write RU	IRAL ond give	neorest to	own)	y_
Pages	0	write RURAL on	d give nearest town)	الاحداد المحدد	L base				, , , , , , , , , , , , ,			2 1 2	2
2 2 3	n	NAME OF HOSPIT	ince Fred	at in bornital sive	TIPS .		Baltimo				Tel	S RESIDE	NCE
in 24 ho in 24 ho in 72 hin 72 h	9		· ·			H					(N A FAR	SWS_
hin 24 ho pengers. Athin 72 h			County E				532 Deep				YES		10
		NAME OF DECEASED	h	rst	Middle		Lost	4. DATE OF	Mon		Doy	Year	
executed with	-	Type or print)	1				yers	DEATH	105.00	O I IF UNDER 1	26	UNDER 2	7
om ve	S.		6. COLOR OR RACE	7. MARRIED		-A	ATE OF BIRTH	4	AGE (In years lost birthday)	Months		lours	Min.
any		ale	white	WIDOWED	DIVORCED)-25-67		yrs.				
and or remin any		USUAL OCCUPATION ng most of working	(Give kind of work done	10b. KIND D	F BUSINESS DR	1	. BIRTHPLACE (Count	y & State, or for	eign country)		IZEN OF WI	HAT	
icate be sician please I, and ii	L	none		INDUST	K.F		Calvert	. Mary	land	Ü	S.A.		
fice ysie ple al,	13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
th certification of the certif		Caldwel	1 Donald	Mevers			Carol	Tee (hesney	-			
ing rem	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIA	AL SECURITY NO.	17. INFO	RMANT	Пао	Addr	'ess			
e death certificate by attending physician permit. Then please an, ar remaval, and it	(16		(If yes give wor or dotes	of service)		Caro	Lee M	prere	Se	me			
that the dan. by the attransit pen		18 CAUSE OF D	EATH (Enter only one cou	use per line for (o)		o ar o	/	27000	-	4110	INTERV	AL BETW	/FFN
the sit		PART 1. DEA	TH WAS CAUSED BY:		agany	2 4-	andle	leum				AND DE	
tho from cre.		7730	IMMEDIATE CAUSE		a comment								
physician. physician. signed by the burial-transit burial, cremat		Conditions, if ony		May	lue me	mer	0	line					
phy phy sign bur bur		rise to immedial	e couse (o), ((b) 10			X	0					-
ing een the r ta		stoting the unde	rlying couse	(c)			0						
endi endi s be as t as t			GNIFICANT CONDITIONS C		ATH DUT MOT DELATE	D TO THE I	EDMINAL DISEASE CO	MOITION CIVE	U IN DADT 1/a)		119 W	AS AUTDE	YZ
The att	NO	TARE IL DITTER JO	CHICKINI CONDITIONS C	ONINDUIND ID DI	MIII DOI NOI KELAIL	U IU IIIL I	EKIMINAL DISLASE CO	MUITION GITE	THE PART I(U)		PEI	RFORME)?
	CERTIFICATION	On. According will	CHEST SHARE TO	Tool oregon	T HOLD HELIDY OCCU	IDDED /F		D. I. D.	8 - 12 - 101		YES	K N	0
PHYSICIAN be haspital of his certifical stached far Dept. of He	ERTI		CAUSE OF DEATH	200, DESCRIE	BE HOW INJURY OCCU	IKKED. (Ente	t noture of injury to	Pon I of Pon	H OT ITEM 18.)				
YSI dasp cer check thec			MEDICAL EXAMINER)						780				
	MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor	*******			INJURY (Home, for treet, office bldg., etc		(City or town)	(Cou	nty)	(2)	tote)
	×	p.:	n. 19	ot work	at work								
A P P S		21. I certî	fy that (1) (this)hos	pital) attended	the deceased fro	m_Oc.	t. 25_,	19.67, 10	Oct.	26, 196	7, that	(1) (w	e) la
ATTEN etaine CTOR: shauld rith th			eceased alive on_(Oct. 26		d that de	ath occurred a	7:15aM	, from couses	-		tated	abov
A S D S S		220. SIGNATURE	11/11/10/10	und)			ATTENDING	MED.	STAFF		TE SIGNED	, _	
DIRE Je 3 je 3			Mulle	· · ·		M.D.	PHYS.	DIRECTOR	PHYS.] 10	-26-	67	
At ay		22c. PHYSICIAN'S	_)		22d. ADDRESS						
ERA EBA		HAME (1) ype	Roberto	le Villa	rreal,	M.D.	The second secon	Leonar	d, Mar	yland	L		
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shaulo should be filed with the	230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF 23	C. NAME OF CEMETER	RY OR CREM	ATORY	23d. LO	CATION (City or To	own)	(County)	(Sto	ote)
Page of spines	G-	REMOVAL (Specify	n 10-30	-67 C	alvert C	ount	y Hosp.	Prin	ce Free	deric	k		
		FUNERAL DIRECTO	R		ADDRESS		2So. REC	D BY REGISTR	AR 2Sb. R	EGISTRAR'S SI	GNATURE.		
VR A15 (4) 25M 1/67	3	1.0. G	2	Ad.	ministre	tor	DATE	CT 3 1	1967	gouss	to y	ung	1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler director, page 3 should be detached far use as the burial-transit permit. Then please remave carbay pages hould be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within.

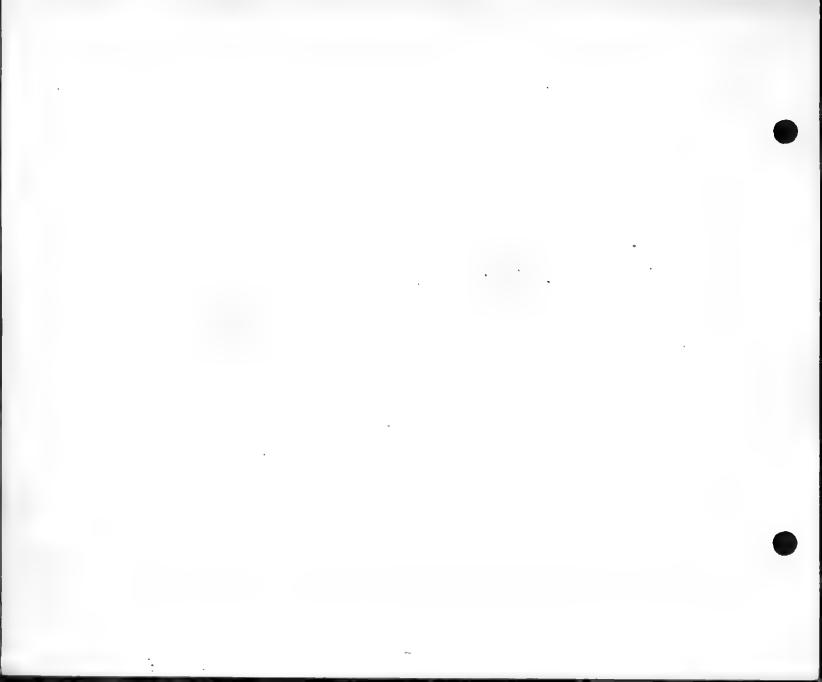
Pages I and

CERTIFICATE OF DEATH

13678

	PLACE OF DEATH D. COUNTY	alvert		MARYLAN	o. STA	TE MAT	VIADO	ed lived, if institut	VIY	nce Ge	1
Pr	write RURAL on	If outside corporate d give neorest town COCO	limits,	37 days			utside corporo	te limits, write RUF			
				l, give street oddress)		ADDRESS	Pond	-	-	e IS R	ESIDENCE A FARM?
C	alvert	County	Hospit	al	\$209	Deer	RXXXX	Lane		YES [NO TO
1	NAME OF DECEASED (Type or print)	Ellis	First S	Middle Neal	Per	rv	4. DATE OF DEATH	Mont		Роу	Yeor 19 67
5. 5		6. COLOR OR RAC			8. DATE OF		. 9	AGE (In years lost birthdoy)	IF UNDER 1		DER 24 HRS.
M	lale	White	WIDOWE	DIVORCED	6-27	-24		13 ALZ	MOUILIZ	Doys Hou	rs Min.
duri	Barber	N (Give kind of work life, even if retired)	done 10b	KIND OF BUSINESS OR INDUSTRY	Wa	HPLACE (County Shing HER'S MAIDEN		reign country)	COU	ZEN OF WHAT INTRY? S.A.	
13.	Ellis	N. Peri	vv	Sr.	14. MU11			K. Sydno	r		
	WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes give wor or d	CES?	6. SOCIAL SECURITY NO.	17. INFORMAN			5209 v. Washi	Deer		Lane
NO	Conditions, if ony rise to immedio storing the unde lost. PART II, OTHER S	te couse (o), erlying couse	DUE TO (b) DUE TO (c) DNS CONTRIBUTION	G TO DEATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE CO	ONDITION GIVE	in in Part 1(o)		PERFO	AUTOPSY PRMED?
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db.	DESCRIBE HOW INJURY OCCUR	RRED. (Enter notu	re of injury in	Port I or Por	t II of item 18.)		YES	NO [_]
MEDICA	Hour o.	URY Month, Day, Yo m. m.	W	I. INJURY OCCURRED 2D nile Not While of work 1	e. PLACE OF INJUI foctory, street,			(City or town)	(Cou	nty)	(Stote)
		ify that (I) (this eceased alive o		ended the deceased fro	m		1966 , 1 1/130AN	o /U/2/ I, from causes	, 19 6 ond on th) (we) los ted obove
	220. SIGNATURE	1 / /	me /2	1stin/	M.D. PHYS.		MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNED	7
	22c. PHYSICIAN'S NAME (Type		. Exes	Dy. M.D		ADDRESS	Fred	erick,	Maryl	and	
230 Bt	BURIAL, CREMATI REMOVAL (Specifortial)		TE THEREOF /25/67	23c. NAME OF CEMETER St. Barnal		tery	Oxo	CATION (City or To	Maryl		(Stote)
				1m Funeral Ho	ome	2So. REC	CT 2 4	1047	Clar	GNATURE CALL	delle

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MARYLAND STATE DEPARTMENT OF HEALTH

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5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effect death the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

CAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay

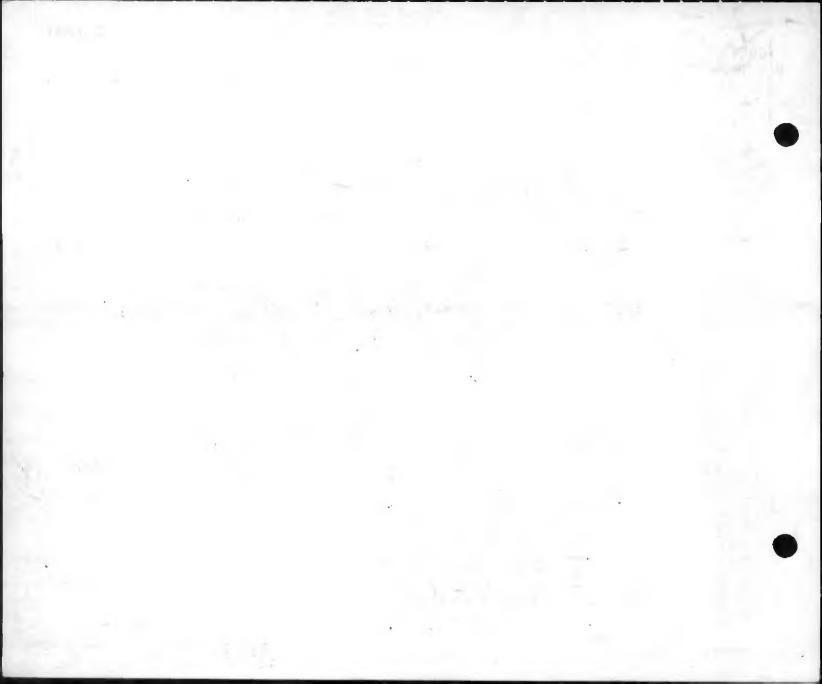
TO DEPUTY MED

VR A15ME (500

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2; and 3

	Division of STATISTICAL	L RESEARCH ANI	D RECORDS, 301	W. PRESTON ST	TREET, BALTIMORE,	MARYLAND	2120726
1367	ò	MEDICAL EX	XAMINER'S	CERTIFICATE	OF DEATH		,LOO
PLACE OF DEATH	1 +-			2. USUAL RESIDENCE	E (Where a ceosed lived,	if institution Re	sidence Fefore

1. PLACE OF DEATH o. COUNTY COLORED MARYLAND	2. USUAL RESIDENCE (Where Accessed lived, if institution Residence refore admission) o. STATE b. COUNT A Lived
b CITY DR TOWN Houtside corporate limits c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (1) Satisfie corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Middle 31 2002	e Steele 4. DATE Month Doy Year 7 1967
S. SEX 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DAT OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10b. USUA OCCUPATION (Give kind of work done during mas of warking life, every firetired) 10b. KIND OF BUSINESS OR INDUSTRY	19 BIRTHPLAST STORE OF GENERAL SUPPLY (QUINTY) 12. CITIZEN OF WHAT COUNTRY?
13. FAJFIER & NAME	14. MOTHER'S MAIDEN NAME LINGENAUN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service)	1 State Me Bead Mg
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Agiline INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove isse to immediate couse (a),	lliver
storing the underlying couse DUE 10	
PART H. THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMAR	at 940 free YES NOTE
	Enjoy noture of injury of Port of Port II of item 18.)
G 30 and 10 23 1967 at work of work	ACT OF INJURY (Home, form, 20f., (City town) (Sounty) (Stole) (Stole) (Sounty) (Stole) (Sounty) (Stole)
21. I certify that I took charge of the remains described above, he death resulted from: Natural courses (, Accident ,) Sui	
ACTUAL SIGNATURE HWW Ward	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE/SIGNED
EXAMINER'S NAME (Type) 220 BURNI COLLABIOU 220 AVE THEOLOGY AS AND OF CONTINUE OF CONTINU	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
230. BURNAL CREMATION 235. DATE THEREOF 23C NAME OF CEMETERY OF 4. FUNERAL DIRECTOR ADDRESS	rial Gardons Dunkirts Calvert med
Hutchini Tunural Home Our	ings, mel date OCT 2 6 19673b. REGISTRY SIGNATUR Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3677 CERTIFICATE OF DEATH 13681

	1.	a. COUNTY Colvent MARYLAND	a. STATE b. COUNTY	CENT DE DE DE SUM SSIGNI
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, we street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Thomas Ammon	Woolfond 4. DATE Mogth DEATH OCTOBER	Day Year 7 19 67
	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER last birthday) Months 71 yrs.	Days Hours Min.
	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY/ 10c/10c/10c/10c/10c/10c/10c/10c/10c/10c/	Doschoster 6. md. "	UNTRY?
		Thomas Milbourne Woolford	14. MOTHER'S MAIDEN NAME BESTIE HOTS MAIN	
	(Ye	was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, no, or unknown) (If yes give war or dates of service) 2/6-18-586/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nard Ml.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	trelumin -	ONSET AND DEATH
		Cenditions, if any, which) DUE TO Cerilians	arlem schem	Luddy
	-	gave rise to immediate cause (a), stating the DUE TO underlying cause last.		
2	IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERT	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18	.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour a.m. While Not While factorists 19 at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bidg., etc.)	inty) (State)
			nat death occurred atM, from the causes and on t	
			A.D. ATTENDING MED. STAFF DIRECTOR PHYS.	ATE SIGNED
1		22c. PHYSICIANS RECOUNTRICES	22d. ADDRESS St. Leonard. Md	
0	238	Burial act 12 1967 Stilauls M	eth. Cemotery Lusby Calver	to. Md.
R	24	I.a. Harkness & Son Port Regul	State OCT 1 3 1987 Clian	les Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Deot. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death perlificate be executed, within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 2DM 1/65

